

Filing at a Glance

Company: QBE Insurance Corporation

Product Name: CA 01 62 10 07 ISO Form
Revision

TOI: 20.0 Commerical Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: QBEC-125243892 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Marsha Layton

Date Submitted: 07-25-2007

State Tr Num: AR-PC-07-025581

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 07-30-2007

Disposition Status: Approved

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-
2007

Effective Date Requested (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

General Information

Project Name: CA 01 62 10 07 ISO Form Revision

Project Number: QBE-07-176-CA-AR

Reference Organization: ISO

Reference Title:

Filing Status Changed: 07-30-2007

State Status Changed: 07-26-2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: CA-2007-OCH1

Advisory Org. Circular: LI-CA-2007-129

Deemer Date:

QBE is a subscriber of Insurance Services Office for Arkansas Forms. ISO filed and received approval for revised CA 01 62 10 07 Arkansas Changes under ISO Filing Designation Number CA-2007-OCH1 for policies written on and after 10/01/07. We will be implementing this revision for policies effective on and after 10/01/07.

Company and Contact

Filing Contact Information

Marsha Layton, Senior Compliance Analyst

2230 Village Mall Drive

Mansfield, OH 44906

(419) 747-9933 [Phone]

(419) 747-9944[FAX]

Filing Company Information

QBE Insurance Corporation

88 Pine Street - 16th Floor

New York, NY 10005

(212) 422-9888 ext. [Phone]

CoCode: 39217

Group Code: 796

Group Name:

FEIN Number: 22-2311816

State of Domicile: Pennsylvania

Company Type:

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Adoption of Advisory Organization filing.
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-30-2007 10:53 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Cover Letter	Approved	Yes
Supporting Document Form	Arkansas Changes	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Changes	CA 01 62	10 07	Endorsement/Amendment/Conditions Replaced	CA 01 62 03 06	0.00	CA 01 62 10 07 - Arkansas Changes.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Arkansas, the Coverage Form is changed as follows:

A. Changes In Liability

Paragraph **a.** of the **Who Is An Insured** Provision in **Section II – Liability Coverage** of the Garage Coverage Form is replaced by the following:

a. The following are "insureds" for covered "autos":

- (1)** You for any covered "auto".
- (2)** Your customers.
- (3)** Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (a)** The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
 - (b)** Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
 - (c)** Someone using a covered "auto" while he or she is working in a business of selling, servicing or repairing "autos" unless that business is your "garage operations".
 - (d)** A partner (if you are a partnership), or a member (if you are a limited liability company), for a covered "auto" owned by him or her or a member of his or her household.

(4) Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

(5) Your "employee" while using a covered "auto" you do not own, hire, or borrow in your business or your personal affairs.

B. The Appraisal For Physical Damage Loss Condition is replaced by the following:

- 1.** If you and we disagree on the amount of "loss", either party may make a written request for an appraisal of the "loss". However, an appraisal will be made only if both you and we agree, voluntarily, to have the loss appraised. If so agreed, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. Each party will:
 - a.** Pay its chosen appraiser; and
 - b.** Bear the other expenses of the appraisal and umpire equally.
- 2.** If we submit to an appraisal, we will still retain our right to deny the claim.
- 3.** An appraisal decision will not be binding on either party.

C. Physical Damage Coverage is changed as follows:

If collision coverage, comprehensive coverage or specified causes of loss coverage is provided by this Coverage Form on at least one covered "auto", then a temporary substitute vehicle is also a covered "auto". A temporary substitute vehicle means any "auto" you do not own which is provided for your use with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

1. Breakdown;
2. Repair; or
3. Servicing.

D. Changes In Conditions

1. The **Other Insurance** Condition in the Business Auto, Business Auto Physical Damage and Garage Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms is changed by adding the following:

When the following applies:

- a. This Coverage Form and any other Coverage Form or policy providing liability, physical damage, uninsured and underinsured motorists coverage apply to an "auto" in a given "accident"; and
- b. This Coverage Form provides coverage to an "insured" who:
 - (1) Is engaged in the business of providing primarily private passenger vehicles to the public under a rental agreement for a period not to exceed 90 days and rents or leases the "auto" to an individual; or

- (2) Is a duly licensed automobile dealer loaning an "auto" as a temporary replacement to a person whose "auto" is out of use because of its breakdown, repair or servicing; or

- (3) Is a duly licensed automobile dealer and loans the "auto" out for use as a demonstrator "auto"; and

- c. The other Coverage Form provides coverage to a person who is not working for, and not employed by, a business described in Paragraph **b.(1)**, **b.(2)** or **b.(3)** above, and who, at the time of the "accident", is operating an "auto" provided by a business described in Paragraph **b.(1)**, **b.(2)** or **b.(3)** above;

then the other Coverage Form is primary and this Coverage Form is excess over any coverage available to the person described in Paragraph **D.1.c.**

2. The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

We will be entitled to recovery only after the "insured" has been fully compensated for the "loss" or damage sustained.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
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Comments:

Attachment:

AR P&C Trans Doc CA 01 62 10 07 Form Filing _10-01-07_.PDF

Satisfied -Name:	Cover Letter	Review Status: Approved	07-30-2007
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Comments:

Attachment:

AR CA 01 62 10 07 Form Filing _10-01-07_.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	QBE Insurance Corporation				Group NAIC #	0796-39217
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
QBE Insurance Corporation	PA	0796-39217	22-2311816			

5. Company Tracking Number	QBE-07-176-CA-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Marsha Layton 2230 Village Mall Drive Suite 1 Mansfield, OH 44906	Senior Product Compliance/ Development Analyst	419-747-9933	419-747-9944	mlayton@qbeusa.com
7. Signature of authorized filer		<i>Marsha Layton</i>		
8. Please print name of authorized filer		Marsha Layton		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12. Company Program Title (Marketing title)	MidStates Contractors			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	10/01/07	Renewal:	10/01/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	CA-2007-OCH1			
17. Reference Organization # & Title	ISO			
18. Company's Date of Filing	07/25/07			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	QBE-07-176-CA-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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QBE is a subscriber of Insurance Services Office for Arkansas Forms. ISO filed and received approval for revised CA 01 62 10 07 – Arkansas Changes under ISO Filing Designation Number CA-2007-OCH1 for policies written on and after 10/01/07. We will be implementing this revision for policies effective on and after 10/01/07.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: 2048 Amount: \$25.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	QBE-07-176-CA-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	As outlined in ISO circular LI-CA-2007-116 & approved in ISO circular LI-CA-2007-129.		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



July 25, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

QBE Insurance Corporation – NAIC #0796-39217: FEIN #22-2311816
DIVISION ONE – COMMERCIAL AUTOMOBILE FORMS FILING
MIDSTATES CONTRACTORS PROGRAM
Company ID Filing No: QBE-07-176-CA-AR

QBE is a subscriber of Insurance Services Office for Arkansas Forms. ISO filed and received approval for revised CA 01 62 10 07 – Arkansas Changes under ISO Filing Designation Number CA-2007-OCH1 for policies written on and after 10/01/07. We will be implementing this revision for policies effective on and after 10/01/07.

This notification is being submitted via SERFF. Your acknowledgement would be greatly appreciated.

Should you have any questions about this filing, please contact me at 2230 Village Mall Drive, Suite 1, Mansfield, OH 44906 or by phone at (419) 747-9933 ext. 16 or by Email at mLAYTON@qbeusa.com.

Sincerely,

Marsha Layton

Marsha Layton
Senior Product Compliance/Development Analyst

Enc: NAIC Property and Casualty Transmittal Document
Filing Fee \$25.00